



PART B - FEE(S) TRANSMITTAL

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35813 7590 01/06/2006
DESIGN IP-DEPT. MOT
 5000 W. TILGHMAN STREET
 SUITE 153
 ALLENTOWN, PA 18104
 03/23/2006 TBESHAK2 00000042 10661755

01 FC:1501 1400.00 OP
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Jennifer Miller (Depositor's name)
J. Miller (Signature)
3-22-06 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/661,755	09/12/2003	Jeong J. Ma	MOT-CS22547RL	8148

TITLE OF INVENTION: COMMUNICATION HEADSET AND METHOD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	04/06/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS			
TIEU, BENNY QUOC	2642	379-43000			

1. Change of correspondence address or indication of "Fcc Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fcc Address" Indication form PTO/SB/47; Rev.03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Design IP

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Motorola, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Schaumburg, IL

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

Issue Fee
 Publication Fee (No small entity discount permitted)
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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(b)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature John A. NeagleDate 3/22/06Typed or printed name John A. NeagleRegistration No. 44,9104

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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DESIGN IP

IN THE UNITED STATES PATENT & TRADEMARK OFFICE

**FACSIMILE
TRANSMITTAL
COVER SHEET**

Application Number	10/661,755
Filing Date	September 12, 2003
First Named Inventor	Jeong J. MA
TITLE	COMMUNICATION HEADSET AND METHOD
Art Unit	2642
Examiner Name	Benny Quoc TIEU
Attorney Docket Number	MOT-CS22547RL

TO: Issue Fee

Fax Number: 571-273-2885

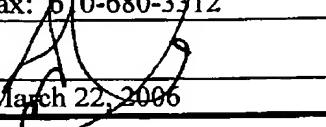
ENCLOSURES

<u>Description</u>	<u># of pages</u>
Issue Fee Transmittal	1
Credit Card Payment Form	1
"Fee Address" Indication Form	1

Total number of pages in this submission (including this page):

4

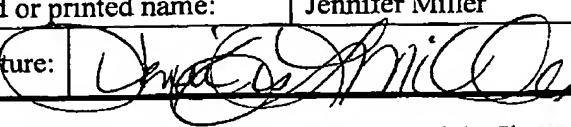
Signature of Applicant, Attorney or Agent

Name:	Damon A. Neagle, Reg. No. 44,964 phone: 610-395-4900 fax: 610-680-3312
Signature	
Date:	March 22, 2006

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Typed or printed name: Jennifer Miller

Signature: 

Date: March 22, 2006

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